

October 28, 2019

Via E-Mail

Michael K. Dexter
Rhode Island Department of Health
Chief, Center for Health Systems
Policy and Regulation
3 Capitol Hill, Room 410
Providence, RI 02908

Re: Change Order Request

Dear Mr. Dexter,

We represent Prospect CharterCARE, SJHSRI, LLC d/b/a St. Joseph Health Center ("SJHC"), in connection with the change order request set forth in this letter. SJHC, pursuant to Condition 7 of the 2008 Certificate of Need ("CON") Approval for Campus Modernization and Consolidation of Inpatient Psychiatric and Inpatient Rehabilitation Services from St. Joseph Hospital for Specialty Care to St. Joseph Our Lady of Fatima Hospital and Roger Williams Hospital, hereby requests a change order to relocate the adult and pediatric primary care services and obstetric services currently offered through the clinic located at 21 Peace Street, Providence (the "Peace Street Location") to 877 Chalkstone Avenue (the "Chalkstone Location").

Due to the extremely poor condition of the building at the Peace Street Location housing the clinics¹ as well as the decrease in medical staff and the inability to recruit and retain new staff,² SJHC is struggling financially. If this unsustainable financial loss continues, SJHC will not be able to continue to provide adequate staff to deliver quality care to its patients. The relocation of SJHC services to the Chalkstone Location, with an existing recently renovated building which currently houses the BU Internal Medicine Residency Program (the "Residency Program") through Roger Williams Medical Center ("RWMC") will ensure that all SJHC patients continue to receive needed, quality care with a sustainable source of providers. In addition, to the extent the SJHC patients need emergency care or specialty services, they will have the added resource

¹ The costs of the building's lease and maintenance of the building have contributed to a \$1.563 M loss in FY2018 and \$1.724 M loss in FY2019 (the fiscal year runs from October 1-September 30).

² The number of physicians has decreased from three to one for adult primary care, three to one for pediatrics, and two to one rotating OB/GYN providing services only twice a week.

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of the acute care services of RWMC located next to the Chalkstone Location. Finally, as discussed further herein, the majority of SJHC's patients live outside the Peace Street Location zip code and rather live in the Chalkstone Location zip code and adjacent zip codes, thereby making the Chalkstone Location an ideal site to improve access for the SJHC underserved patient population.

BACKGROUND

SJHC currently provides pediatric and adult dental services, OBGYN, pediatric primary care, adult primary care, laboratory services, radiology services, immunization services, and lead services to the community. Specifically, the Peace Street Location currently provides adult and pediatric primary care services, OBGYN services, laboratory services and a dental clinic. Under the proposal, SJHC will relocate all pediatric and adult primary care services and obstetrics services to the Chalkstone Location.³ All dental services will be provided at the Peace Street Location.⁴

In FY2019, SJHC had 7,300 adult primary care visits (33 patients/day), 4,643 pediatric primary care visits (24 patients/day), and 216 OBGYN visits (4 patients/day). As set forth in the Revenues and Expenses Chart on page 10, due to the decrease in medical staff (and inability to recruit and retain physicians) and chronic financial losses, SJHC's mission and commitment to provide clinically safe patient care may be jeopardized in the future. Moreover, the building's physical condition has deteriorated and is not conducive to providing quality care to the SJHC patient population. See Peace Street Location photographs at **Tab B**. The cost of the building's lease and maintenance contributed to a \$1.563 M loss in FY2018 and \$1.724 M loss in FY2019.⁵ Since April 2019, the number of providers has decreased to one adult primary care provider, two pediatric providers, and two OBGYN providers, who provide services only twice a week. Accordingly, future clinically safe patient care is at risk. SJHC therefore proposes to move the adult and pediatric primary care services and OB/GYN services to the renovated Chalkstone Location as soon as possible. See Chalkstone Location photographs at **Tab C**. Transferring such services to the renovated facility at the Chalkstone Location will ensure a sustainable source of providers due to the availability of providers in The Residency Program.

³ Patients will be able access the laboratory services, radiology services, immunization services, and lead services at RWMC.

⁴ The pediatric and adult dental services provided in conjunction with NYU Langone Dental will remain at the Peace Street Location. This space was recently renovated.

⁵ Projected costs to renovate the building at the Peace Street Location exceed \$7 Million.

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The Chalkstone Location is on a Rhode Island Public Transit Authority (“RIPTA”) bus route with a stop across the street. Accordingly, there are existing RIPTA bus routes that can transport patients to the Chalkstone Location from the Peace Street Location. The commute from the Peace Street Location to the Chalkstone Location by car is 9 to 14 minutes. Bus routes range from 31-39 minutes. *See* Transportation Maps attached at **Tab D**. Moreover, the majority of SJHC patients live outside of the Peace Street Location zip code (02907) and, instead, live in zip codes that are in, adjacent to, or closer to the Chalkstone Location zip code (02908). *See* Zip Code Map attached at **Tab E**.⁶

While the Chalkstone Location is a short distance from the Peace Street Location, there are a number of other providers in the community who may also provide care to SJHC patients should they choose a different provider. Those providers include:

- The Providence Community Health Centers, Inc. located on Allens Avenue in Providence, 1.7 miles from the Peace Street Location; and
- The Providence Center located on North Main Street in Providence, 2.5 miles from the Peace Street Location.

With respect to the transfer of the OB/GYN services offered at The Providence Location, those services are provided entirely by Women & Infants Hospital (“W&I”) providers. These patients may continue their care with those providers at the Chalkstone Location. Significantly, if the patient is pregnant, the location for delivery will remain the same – W&I.

The ultimate goal is to ensure the highest quality services possible to the SJHC patient community receiving services at SJHC by transferring these services to the Chalkstone Location with a recently renovated building in good physical condition with the availability of necessary healthcare providers’. This proposal will allow SJHC to maintain a high quality patient care setting with a sustainable source of providers for all of its patients.

As requested, the following responds to Questions 2, 7C, 7E, 10, 16, 18, 19, Appendix D #1 and #2 in the CON Application, as well as Section 22.14(F)(1) through (7) in the CON Regulations regarding access to services.

⁶ The remaining 16.17% of patients live in various zip codes outside of those listed on the map.

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Question 2: Capital and Operating Costs

Capital Cost	\$ 7,000	From responses to Questions 10 and 11
Operating Cost	\$ 2,512,000	For the first full year after implementation, from response to Question 18
Date of Proposal Implementation	11/2019	Month and year

Question 7C: Patient Demographic Information:

Please identify the cities and towns that comprise the primary and secondary service area of the facility. Identify the size of the population to be served by this proposal and (if applicable) the projected changes in the size of this population.

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Primary service area (>10% of SJHC patients)		
<u>Zip</u>	<u>City, State</u>	<u># of Patients</u>
02907	PROVIDENCE, RI	1396
02909	PROVIDENCE, RI	1172
02908	PROVIDENCE, RI	535

Secondary service area (> 1% or < 10% of SJHC patients)		
<u>Zip</u>	<u>City, State</u>	<u># of Patients</u>
02905	PROVIDENCE, RI	463
02860	PAWTUCKET, RI	370
02863	CENTRAL FALLS, RI	179
02904	PROVIDENCE, RI	205
02920	CRANSTON, RI	159
02910	CRANSTON, RI	114
02903	PROVIDENCE, RI	98
02861	PAWTUCKET, RI	90
02919	JOHNSTON, RI	60
02906	PROVIDENCE, RI	43
02911	NORTH PROVIDENCE, RI	34
02914	EAST PROVIDENCE, RI	37
02895	WOONSOCKET, RI	42

SJHC does not anticipate a change in the size of its service area population.

Question 7E: Patient Utilization Information

Please identify utilization data for the past three years (if existing service) and as projected through the next three years, after implementation, for each separate area of service affected by this proposal. Please identify the units of service used.

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FY2019

Adult Primary Care			
Actual (last 3 years)	FY 2017	FY 2018	FY 2019
Hours of Operation	8am - 4pm	8am - 4pm	8am - 4pm
Utilization (#)	8,715	8,208	7,300
Throughput Possible (#)	9,960	9,711	8,466
Utilization Rate (%)	88%	85%	86%

Projected	FY 2020	FY 2021	FY 2022
Hours of Operation	8am - 4pm	8am - 4pm	8am - 4pm
Utilization	6935	7,300	8,030
Throughput Possible	8,466	8,466	8,466
Utilization Rate (%)	82%	86%	95%

Pediatrics			
Actual (last 3 years)	FY 2017	FY 2018	FY 2019
Hours of Operation	8am - 4pm	8am - 4pm	8am - 4pm
Utilization (#)	6,838	5,688	4,643
Throughput Possible (#)	7,880	6,501	5,550
Utilization Rate (%)	87%	87%	84%

Projected	FY 2020	FY 2021	FY 2022
Hours of Operation	8am - 4pm	8am - 4pm	8am - 4pm
Utilization	4411	4643	5107
Throughput Possible	5550	5550	5550
Utilization Rate (%)	79%	84%	92%

Question 10: Capital Cost Itemization

1.) A) Please itemize the capital costs of this proposal. Present all amounts in thousands (e.g., \$112,527=\$113). If the proposal is going to be implemented in phases, identify capital costs by each phase.

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CAPITAL EXPENDITURES		
	Amount	Percent of Total
Survey/Studies	\$0	0%
Fees/Permits	\$0	0%
Architect	\$3	42%
"Soft" Construction Costs	\$3	42%
Site Preparation	\$0	0%
Demolition	\$0	0%
Renovation	\$2	29%
New Construction	\$0	0%
Contingency	\$0	0%
"Hard" Construction Costs	\$2	29%
Furnishings	\$0	0%
Movable Equipment	\$1	14.5%
Fixed Equipment	\$1	14.5%
"Equipment" Costs	\$2	29%
Capitalized Interest	\$0	0%
Bond Costs/Insurance	\$0	0%
Debt Services Reserve ¹	\$0	0%
Accounting/Legal	\$0	0%
Financing Fees	\$0	0%
"Financing" Costs	\$0	0%
Land	\$0	0%
Other (specify _____)	\$0	0%
"Other" Costs	\$0	0%
TOTAL CAPITAL COSTS	\$7	100%

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¹ Should not exceed the first full year's annual debt payment.

B.) Please provide a detailed description of how the contingency cost in (A) above was determined. N/A

C.) Given the above projection of the total capital expenditure of the proposal, please provide an analysis of this proposed cost. This analysis must address the following considerations:

- i. The financial plan for acquiring the necessary funds for all capital and operating expenses and income associated with the full implementation of this proposal, for the period of 6 months prior to, during and for three (3) years after this proposal is fully implemented, assuming approval.

There will be no financing for the \$7,000 of capital expenditures.

- ii. The relationship of the cost of this proposal to the total value of your facility's physical plant, equipment and health care services for capital and operating costs.

The primary care services will be moved to a location that is already fit to see patients which will require a minimal capital spend as set forth above.

- iii. A forecast for inflation of the estimated total capital cost of the proposal for the time period between initial submission of the application and full implementation of the proposal, assuming approval, including an assessment of how such inflation would impact the implementation of this proposal.

SJHC plans to relocate the services shortly after approval. Therefore, there will be no inflation impact.

Question 16: Personnel

2.) For the first full operating year of the proposal (identified in Question 18 below), please identify the total number of FTEs (full time equivalents) and the associated payroll expense (including fringe benefits) required to staff this proposal. Please follow all instructions and present the payroll in thousands (e.g., \$42,575=\$43).

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3.)

Personnel	Existing		Additions/(Reductions)		New Totals	
	# of FTEs	Payroll W/Fringe s	# of FTEs	Payroll W/Fringe s	# of FTEs	Payroll W/Fringe s
Medical Director	2	\$528	0	\$0	2	\$528
Physicians	0	\$0	0	\$0	0	\$0
Administrator	3	\$308	-1	\$169	2	\$139
RNs	2.4	\$305	0	\$0	2.4	\$305
LPNs	0.8	\$70	0	\$0	0.8	\$70
MAAs	7.6	\$354	-1.4	\$63	6.2	\$291
Nursing Aides	0	\$0	0	\$0	0	\$0
PAs	1	\$136	0	\$0	1	\$136
NPs	0.8	\$122	0	\$0	0.8	\$122
Speech Therapists	0	\$0	0	\$0	0	\$0
Clerical	3.5	\$198	-2.2	\$132	3.5	\$66
Housekeeping	0	\$0	0	\$0	0	\$0
Other (Social Services)	3.9	\$282	-2.5	\$197	1.4	\$85
Other: Registered Technician	0.5	\$49	0.5	\$49	0.5	\$0
i) TOTAL	25.5	\$2,352	7.6	\$610	20.1	\$1,742

1 Must equal the incremental “payroll w/fringes” expense in column -5-, Question 18 (below).

INSTRUCTIONS:

“FTEs” Full time equivalents, are the equivalent of one employee working full time (i.e., 2,080 hours per year)

“Additions” are NEW hires;

“Reductions” are staffing economies achieved through attrition, layoffs, etc. It does **NOT** report the reallocation of personnel to other departments.

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Question 18: Revenue and Expenses

4.) Please complete the following pro-forma income statement for each unit of service. Present all dollar amounts in thousands (e.g., \$112,527=\$113). Be certain that the information is accurate and supported by other tables in this worksheet (i.e., “depreciation” from Question 15 above, “payroll” from Question 16 above). If this proposal involved more than two separate “units of service” (e.g., pt. days, CT scans, outpatient visits, etc.), insert additional units as required.

PRO-FORMA P & L STATEMENT FOR WHOLE FACILITY						
	Actual Previous Year 2018	Budgeted Current Year 2019	<-- FIRST FULL OPERATING YEAR 2021 -->			
	-1	-2	Change of Order Denied -3	Change of Order Accepted -4	Incremental Difference *1* -5	
REVENUES:						
Net Patient Revenue	\$1,610	\$1,328	\$1,328	\$1,195	(\$133)	*2*
DSH	\$1,043	\$1,032	\$1,032	\$929	(\$103)	
Rental/Other Income	\$258	\$237	\$237	\$0	(\$237)	
Total Revenue	\$2,911	\$2,597	\$2,597	\$2,124	(\$473)	
EXPENSES:						
Payroll w/Fringes	\$2,212	\$2,352	\$2,352	\$1,742	(\$610)	*3*
Non Salary Expenses	\$164	\$153	\$153	\$153	\$0	*4*
Overhead Allocation	\$565	\$390	\$390	\$390	\$0	
Direct Ancillary Expenses	\$293	\$227	\$227	\$227	\$0	
Property Tax	\$307	\$353	\$353	\$0	(\$353)	
Maintenance Facility	\$345	\$260	\$260	\$0	(\$260)	
Rental	\$874	\$874	\$874	\$0	(\$874)	*5*
Boiler (reimbursement)	(\$106)	(\$108)	(\$108)	\$0	\$108	*6*
Taxes (reimbursement)	(\$180)	(\$180)	(\$180)	\$0	\$180	
Total Expenses	\$4,474	\$4,321	\$4,321	\$2,512	(\$1,809)	*7*
OPERATING PROFIT:	(\$1,563)	(\$1,724)	(\$1,724)	(\$388)	\$1,336	

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For each service to be affected by this proposal, please identify each service and provide: the utilization, average net revenue per unit of services and the average expense per unit of service.

Service Type:	Adult Primary Care				
Service (#s):	7300				
Net Revenue Per Unit *8*	\$273.09	\$	\$	\$	\$
Expense Per Unit	\$372	\$	\$	\$	\$
Service Type:	Pediatric Primary Care				
Service (#s):	4643				
Net Revenue Per Unit *8*	\$123	\$	\$	\$	\$
Expense Per Unit	\$209	\$	\$	\$	\$

INSTRUCTIONS: Present all dollar amounts (except unit revenue and expense) in thousands.

- *1* The Incremental Difference (column -5-) represents the actual revenue and expenses associated with this CON. It does not include any already incurred allocated or overhead expenses. It is column -4- less column -3-.
- *2* Net Patient Revenue (column -5-) equals the different units of service times their respective unit reimbursement.
- *3* Payroll with fringe benefits (column -5-) equals that identified in Question 16 above.
- *4* Bad Debt is the same as that identified in column -4-.
- *5* Interest Expense equals the first full year's interest paid on debt.
- *6* Depreciation equals a full year's depreciation (Question 15 above), not the half year booked in the year of purchase.
- *7* Total Expense (column -5-) equals the operating expense of this proposal and is defined as the sum of the different units of service;
- *8* Net Revenue per unit (of service) is the actual average net reimbursement received from providing each unit of service; it is NOT the charge for that service.

Question 19: Reimbursement

Please provide an analysis and description of the impact of the proposed new institutional health service or new health equipment, if approved, on the charges and anticipated reimbursements in any and all affected areas of the facility. Include in this analysis consideration of such impacts on individual units of service and on an aggregate basis by individual class of payer. Such description should include, at a minimum, the projected charge and reimbursement information requested above for the first full year after implementation, by payor source, and shall present alternate

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projections assuming (a) the proposal is not approved, and (b) the proposal is approved. If no additional (incremental) utilization is projected, please indicate this and complete this table reflecting the total utilization of the facility in the first full fiscal year.

Projected First Full Operating Year: FY 2021									
Payor Mix	Implemented			Not Implemented			Difference		
	Projected Utilization		Total Revenue	Projected Utilization		Total Revenue	Projected Utilization		Total Revenue
	#	%	\$	#	%	\$	#	%	\$
Medicare	699	10%	\$ 249	699	10%	\$ 249	0	0	\$ -
RI Medicaid	151	2%	\$ 62	151	2%	\$ 62	0	0	\$ -
Non-RI Medicaid	12	0%	\$ -	12	0%	\$ -	0	0	\$ -
RIteCare	3698	51%	\$ 731	3698	51%	\$ 731	0	0	\$ -
Blue Cross	316	4%	\$ 144	316	4%	\$ 144	0	0	\$ -
Commercial	0	0%	\$ -	0	0%	\$ -	0	0	\$ -
HMO's	148	2%	\$ 47	148	2%	\$ 47	0	0	\$ -
Self Pay	1909	26%	\$ 13	1909	26%	\$ 13	0	0	\$ -
Charity Care	158	2%	\$ -	158	2%	\$ -	0	0	\$ -
Other	245	3%	\$ 83	245	3%	\$ 83	0	0	\$ -
TOTAL	7336	100%	\$ 1,329	7336	100%	\$ 1,329	0	0	\$ -

Appendix D #1 and #2

1. Provide a description and schematic drawing of the contemplated construction or renovation or new use of an existing structure and complete the Change in Space Form. **See Tab F.**
2. Please provide a letter stating that a preliminary review by a Licensed architect indicates that the proposal is in full compliance with the current edition of the "Guidelines for Design and Construction of Hospital and Health Care Facilities" and identify the sections of the guidelines used for review. Please include the name of the consulting architect, and their RI Registration (license) number and RI Certification of Authorization number. **See Tab G.**

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Change in Space Form

Please identify and provide a definition for the method used for measuring the space (i.e. gross square footage, net square footage, etc.): gross square footage

1. Service or Department Name	2. Current Space Amount	3. New Construction Space Amount	4. Renovation Space Amount	5. Amount of Space Currently Occupied to be Demolished	6. Proposed Space Amount	7. Change [(6)-(2)]
Pediatric and Immunization (1st Floor of 21 Peace Street)	4,850 sq ft				2,189 GSF	
Adult Primary Care (4th Floor of 21 Peace Street)	8,300 sq ft				2059 GSF	
TOTAL:	13,150 sq ft					

CON Regulations 216-RICR-40-10-22.14

This change order will meet the accessibility criteria set forth in section 22.14(f) of the CON regulations as follows:

Section 22.14(F)(1): The extent to which low income persons, racial and ethnic minorities, women, handicapped persons, and the elderly presently have access to such services and the extent to which such groups are likely to have access to this service.

As set forth in response to Question 7C, SJHC currently provides services to a wide array of patients, mainly from underrepresented populations. SJHC will continue to provide those services to that population, but will do so in a recently renovated building at the Chalkstone Location with access to a wide array of health care providers to address the needs of the SJHC patient population. The majority of SJHC's patients live outside of the Peace Street Location zip code (02907) and, instead, live in zip codes that are in, adjacent to, or closer to the Chalkstone Location zip code (02908). There are existing RIPTA bus routes that can transport patients to the Chalkstone Location from the Peace Street Location. The commute from the Peace Street Location to the Chalkstone Location by car is 9 to 14 minutes. While the Chalkstone Location is

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a short distance from the Peace Street Location, there are a number of other providers in the community who may also provide care to SJHC patients should they choose a different provider.

Section 22.14(F)(2): In the case of a reduction, elimination or relocation of a service, the need that the population presently served has for the service, the extent to which that need will be adequately met by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of the groups noted in § 22.14(F)(1) of this Part to obtain needed health care.

The relocation to the Chalkstone Location will improve access to quality care for SJHC's patient population. SJHC currently provides services to its underrepresented population in a deteriorated building with limited resources for healthcare providers resulting in daily financial issues. Accordingly, its commitment to provide quality care to that population is in jeopardy. As a result, the relocation of the services to the Chalkstone Location is necessary to continue to meet the existing need. In fact, SJHC will be better equipped to meet the existing need at the Chalkstone Location because it will be able to ensure a sustainable source of providers and a renovated facility.

As set forth above, the majority of SJHC patients live outside of the Peace Street Location zip code (02907) and, instead, live in zip codes that are in, adjacent to, or closer to the Chalkstone Location zip code (02908). Accordingly, the Chalkstone Location should be more convenient and provide better access to the SJHC patient population. In addition, there are existing RIPTA bus routes that can transport patients to the Chalkstone Location from the Peace Street Location. The commute from the Peace Street Location to the Chalkstone Location by car is 9 to 14 minutes. While the Chalkstone Location is a short distance from the Peace Street Location, there are a number of other providers in the community who may also provide care to SJHC patients should they choose a different provider.

Section 22.14(F)(3): The performance of the applicant regarding its provision of uncompensated care, community services or access by minorities and handicapped persons to programs receiving federal financial assistance, including the existence of any civil rights access complaints against the applicant.

SJHC is committed to providing uncompensated care and community services to underrepresented populations as evidenced by the services provided at the clinics. Of the patients for whom SJHC has demographic data, services are provided as follows:

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Asian	12.61%
Black/African American	41.39%
Hawaiian Native/Pacific Island	2.26%
Hispanic	20.91%
White	22.83%
Grand Total	100.00%

SJHC has not been the subject of any civil rights access complaints.

Section 22.14(F)(4): The extent to which Title XVIII (Medicare), Title XIX (Medicaid) and medically indigent patients are served by the applicant.

As set forth above in response to Question 19, SJHC's patient population is primarily Medicare and Medicaid.

Section 22.14(F)(5): The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

SJHC offers primary care, dental, and OBGYN services. After the proposed relocation, if a patient needs to be admitted to an acute care hospital, they will have access to RWMC's acute care hospital next door.

Section 22.14(F)(6): The extent to which the applicant grants medical staff privileges to physicians who serve the indigent.

SJHC encourages its medical staff to serve the indigent. In fact, one of SJHC's physicians, Dr. Walter Hollinger received the 2019 Dr. Steven Brin Physician of the Year Award from the Rhode Island Free Clinic for his commitment to the underserved population.

Section 22.14(F)(7): The extent to which the applicant takes actions necessary to remove barriers that limit access to the health services of the applicant (e.g., transportation, language, facility design and financial barriers).

SJHC endeavors to remove all barriers that limit access to its health services. Its multicultural staff speak a variety of languages and interpreter services are available for patients who speak other languages. Finally, as set forth in response to Question 19, SJHC treats patients of all financial means and status.

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CONCLUSION

Due to the condition of the building at the Peace Street Location, decrease in medical staff, inability to recruit and retain new staff and the resulting chronic substantial financial losses, SJHC was forced to identify a new location and a source of health care providers to continue to provide quality needed services to the SJHC patient population. Fortunately, the recently renovated building at the Chalkstone Location is available to house the SJHC clinic with the added benefit of access to the Residency Program. In addition, to the extent the SJHC patients need emergency care or service of an acute care hospital, they can utilize RWMC which is adjacent to the Chalkstone Location. If this relocation request is not approved, SJHC will have no option other than to close the clinics. Accordingly, SJHC respectfully requests that the change order be approved to allow the relocation and better access to needed quality services to an underserved population.

If you have any questions, please contact me. As always, thank you for your consideration.

Sincerely,



PATRICIA K. ROCHA
procha@apslaw.com

Attachments

cc: Jeffrey H. Liebman
Guenevieve O. del Mundo
Leslie D. Parker, Esq.